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SECTION B - ARS OCCUPATIONAL HEALTH MANAGEMENT FUNCTION

CHAPTER III - ARS OCCUPATIONAL HEALTH MAINTENANCE PROGRAM

CHAPTER III

ARS OCCUPATIONAL HEALTH MAINTENANCE PROGRAM

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CHAPTER III - SECTION B

ARS OCCUPATIONAL HEALTH MAINTENANCE PROGRAM

A PURPOSE OF THE CHAPTER

Stated are ARS policy and responsibilities regarding the medical monitoring of employees potentially exposed to toxic substances in the work environment.

This chapter contains detailed procedures regarding the establishment and administration of a comprehensive Occupational Health Maintenance Program (OHMP). The procedures outlined in this MANUAL include:

a Selection Criteria for Authorized Employees.

b Selection of Appropriate Medical Tests.

c Recommendations for the Establishment of Medical Monitoring Services from a Local Provider.

d Data Submission, Interpretation, Communication, and the Overall Procedures for Operating the OHMP.

Also included are Exhibits which provide:

a A Medical Reference Addendum to be consulted for additional guidance when selecting required medical tests.

b A sample Statement of Work which may be used to develop a contract for medical services. The use of this Statement of Work to obtain these services through a competitively awarded contract is optional.

c Samples of all the forms listed in Section D.

B APPLICABILITY

The contents of this chapter are applicable to all functions under the direction of the ARS

Administrator whether accomplished by ARS personnel, cooperators, or contractors within ARS. Exceptions to the provisions of this MANUAL require Office of the Deputy Administrator, Administrative Management approval. Waivers must be documented and copies furnished to the next higher management level. In all instances, however, program coverage consistent with the intent of the pertinent provision will be provided.

C ABBREVIATIONS

ASHM - Area Safety and Health Manager

AD/CD - Area Director/Center Director

CFR - Code of Federal Regulations

FD - Facilities Division

LAO/AAO - Location/Area Administrative Officer

LC - Location Coordinator

OHMP - Occupational Health Maintenance Program

OMS - Occupational Medical Specialist

PEL - Permissible Exposure Level

SHEMB - Safety, Health, and Environmental Management Branch

D FORMS

ARS-182A, Occupational Health Maintenance Program--

Privacy Act Notification/Voluntary

Enrollment Form

ARS-182B, Occupational Health Maintenance Program--

Enrollee Exposure Information/Medical

Instructions Form

ARS-182C, Occupational Health Maintenance Program--

Occupational/Medical Questionnaire

ARS-182D, Occupational Health Maintenance Program--

Physical Examination Form

These forms can be obtained from the servicing ASHM.

E DEFINITIONS

1 Authorized employees include research scientists, technicians, certified pesticide applicators, maintenance personnel, or other federal employees who have been specifically trained and assigned by a supervisor to work with or in the vicinity of qualifying hazards. Non-federally appointed workers such as those employed by cooperators or contractors are ~~not~~ authorized employees.

2 Qualifying Hazards are health hazards (e.g., asbestos, pesticides, and other respiratory hazards); physical hazards (e.g., noise and radiation); biological hazards (e.g., rabies, human blood and body fluids, numerous etiologic agents); exposure to animals; and, appreciable exposure to hazardous chemicals where alteration of health status may occur.

E DEFINITIONS (Continued)

3 Occupational Medical Specialist (OMS) is a licensed medical physician whose training and experience have led to the development of expertise in the field of occupational medicine. This specialty involves the observation of work practices and toxic exposure potentials in an effort to detect, confirm, and prevent work-related illnesses. The OMS will inform the enrollee and the appropriate management officials of any work-related problems through a formalized report of findings and determinations.

F POLICY

It is ARS policy to provide an OHMP for authorized employees considered for assignment or presently assigned to work with qualifying hazards. The OHMP will be established and administered according to the procedures detailed in this chapter.

G COVERAGE

The OHMP screens authorized employees to establish health-status baselines and detect work-related changes in health status. Medical records will document screening procedures performed, established baselines, and work-related physiological changes (if any) throughout the employee's career.

This information may be used to determine unusual susceptibility to illness from exposures in the work environment, permit identification of harmful effects of agents used, and provide medical treatment and advice. It also may be used to plan, implement, and evaluate occupational and preventive health programs.

The OHMP is designed only for the detection of occupationally significant medical anomalies. The limited medical procedures performed are not intended, and should not be construed, to substitute for the care provided by the employee's personal physician.

H RESPONSIBILITIES

1 AD/CD's and LC's will:

a Ensure funds are provided for establishment of an agreement with a local physician or clinic (hereafter called a "local provider"), for the delivery of medical services as outlined in paragraph I3 of this chapter.

H RESPONSIBILITIES (Continued)

b Assign responsibility for development and administration of local-provider agreement to the LAO/AAO.

2 LAO/AAO's will:

a Identify authorized employees for participation in the OHMP according to the selection criteria

provided in Paragraph I 1 of this chapter.

b Enroll authorized employees and schedule appropriate medical tests according to the guidelines presented in Paragraph I 2 of this chapter.

c Establish the local-provider agreement for medical services as outlined in Paragraph I 3 of this chapter.

d Ensure that resultant medical data are submitted, by the local provider of medical services, to the appropriate centralized data review facility as specified in Paragraph I 4 of this chapter.

e Authorize payment of invoices, from local provider of medical services, after receiving report of findings and determinations from OMS.

f Distribute OMS report to the AD/CD/LC.

g Distribute sealed confidential report of OMS medical findings to each authorized employee.

h Schedule follow up examinations and routine retesting as required.

3 Supervisors will:

a Assist the LAO/AAO in identifying authorized employees.

b Distribute ARS-182A, ARS-182B, ARS-182C, and ARS-182D to authorized employees, assist in the completion of these forms, and assure that all forms are returned to the LAO/AAO.

4 Authorized Employees will:

a Read the "Privacy Act Notification" that accompanies ARS-182A.

H RESPONSIBILITIES (Continued)

b Decide if participation in the OHMP is desired.

1) Nonparticipants and participants will sign the appropriate block and return the ARS-182A to their supervisor.

2) Participants will complete the exposure-code portion of the ARS-182B, sign the appropriate block, and return the form to their supervisor. A medical history form (ARS-182C) will be provided to all new participants prior to their first medical screening. Participants will complete medical history forms and bring them to the medical test site.

5 Chief, SHEMA, FD, through the services of the SHEMA' Industrial Hygienists, will:

a Monitor and administer the overall OHMP, and assist the ASHM in establishment of Location-level OHMP's.

b Provide liaison between ARS personnel and the OMS.

c Provide industrial hygiene services so that the work place environment may be more accurately described in terms of exposure potential.

6 ASHM's will:

a Evaluate work environments and determine ways of eliminating or limiting potential exposure to qualifying hazards.

b Coordinate with LAO/AAO's, supervisors, and employees to identify eligible employees.

c Assist Location-level personnel in all phases of the establishment of an effective OHMP.

7 OMS will:

a Review all forms and medical data forwarded by the local provider of medical services.

b Determine if the participant has detectable medical problems, and if so, to what extent they are possibly work related.

H RESPONSIBILITIES (Continued)

c Prepare and submit a confidential synopsis report (returned to each participant in a sealed envelope) which documents all medical problems detected in addition to identifying specific anomalies deemed to be work related.

d Prepare and submit a synopsis report of anomalies deemed to be work related for review by designated management official.

e Provide computer-based medical surveillance services to the SHEMB and ASHM's on a routine basis. Services provided will include occupational illness statistics and trend analyses.

I PROCEDURES

1 Selection Criteria for Authorized Employees.

The selection of eligible enrollees for the OHMP (i.e., the accurate definition of the "Authorized Employee") is an issue which routinely poses a significant dilemma to those individuals designated to administer Location-level programs. Although it is impossible to establish selection criteria which provide adequate guidance in all cases, the following rules should apply in most instances. Assistance

from the SHEMB is encouraged for individual cases involving more nebulous circumstances.

Employees who must always be provided the opportunity to participate in the OHMP are:

- o Those who work with qualifying hazards (any amount) on a daily basis.

- o Those who apply pesticides.

- o All maintenance personnel.

- o Those who work with qualifying hazards on an infrequent basis, but use sufficient quantities capable of exceeding the Occupational Safety and Health Administration PEL's listed in 29 CFR 1910.1000.

The last criterion is the most complex rule to apply, because it takes into account factors such as the relative toxicity of the material (i.e., less toxic materials will generally have higher PEL's and

vice versa), the nature of the work place (e.g.,

I PROCEDURES (Continued)

generation rates, available ventilation, room size), potential exposure duration on a daily basis, and a myriad of other complicating factors. The SHEMB Industrial Hygienists are available for consultation and advice regarding some of these decisions (SECTION C Chapter II describes ARS Industrial Hygiene Survey Program Services).

2 Selection of Appropriate Medical Tests

The selection of appropriate medical screening procedures which will identify work-related illnesses in employee populations is frequently a "best-estimate" process which is subject to criteria which are continuously changed or modified. Occupational medicine is still in its developmental stages, and its practice occasionally imposes unreasonable and unrealistic demands upon its practitioners. Contact servicing ASHM for a copy of the latest medical reference matrix.

The determination of work-related diseases or adverse health effects uncovered by medical screening tests is complicated by the fact that occupational related diseases frequently do not differ in their symptomatology from diseases of the general population. Although the diagnosis of chronic lung diseases, liver abnormalities, or cancer can be made quite readily by the examining physician, the determination of the proximate cause(s) of these diseases, and their relationship to potential toxic exposures in the work place is considerably more difficult; it is frequently impossible. This relationship is dependent upon the history of exposure to a particular agent, the degree and duration of exposure, the efficacy of industrial hygiene controls, and the presence of compounding factors such as smoking and nonwork-related exposures. The determination of work-related, diseases, or adverse health effects,

therefore, cannot be made with absolute certainty, and must depend upon the interpretation of these factors by expert occupational medical judgment. Employee exposures not covered herein may be addressed to the SHEMB, FD, for case-by-case resolution.

I PROCEDURES (Continued)

3 Recommendations for the Establishment of Medical Monitoring Services from a Local Provider.

The actual establishment of an OHMP at the Location level is a relatively straightforward process, as follows:

a The LAO/AAO obtains an adequate supply of ARS-182A enrollment forms and other program forms, from Central Supply, for distribution to authorized employees (see Procedure 1 for guidance regarding enrollee eligibility).

b The authorized employees read ARS-182A, then sign the appropriate line indicating that they wish to participate or decline. All ARS-182A forms are then sent directly to the occupational medical contractor.

c Voluntary participants list the specific agents with which they work on ARS-182B, according to the form's requirements.

d The employee's supervisor is consulted for confirmation of the accuracy and completeness of the information provided.

When the required medical procedures have been identified, the task has been simply reduced to a procurement action.

Basic medical services vary throughout the nation according to available levels of expertise and costs. Economical services are most often available through a reimbursable agreement with a Government-affiliated provider, such as a Public Health Service Clinic, a Veteran's Administration Hospital, or a military complex.

The cost savings achieved by the use of Federal facilities can, in certain instances, be outweighed by their fairly limited selection of available services. In this case, it is often most advisable to establish a contract for services with a local physician who is affiliated with a clinic. When this option is selected, look first for an occupational physician. If a physician with this particular expertise is unavailable, the second choice is an internist.

I PROCEDURES (Continued)

Certain Locations have successfully established competitively awarded contracts with medical providers that provide services by metaphysics mobile health vans. The contractor schedules visits by these mobile clinics on a routine basis with a follow up visit by an examining physician after the specific laboratory tests are completed. Although this approach requires greater effort to initiate and manage (i.e., scheduling of tests is especially critical), larger facilities and more remote Locations may find that the advantages outweigh the inherent difficulties. Contact servicing ASHM for copy of latest sample statement of work.

The employee may require assistance from the supervisor, from a Location Safety and Health committee representative, or from the Area Safety and Health Manager to assure that the information provided accurately represents potential work exposures. The supervisor should review the responses before returning the completed forms to the LAO/AAO.

e Select the appropriate medical procedures and mark the medical instructions section of ARS-182B.

Refer to Procedure I 2: Selection of Appropriate Medical Tests.

f Schedule medical testing with local provider and distribute ARS-182C (Medical History Forms) to participating employees.

Refer to Procedure I 3: Recommendations for the Establishment of Medical Monitoring Services from a Local Provider.

This form should be completed and carried to the examining physician by the employee.

g The employee undergoes the specified medical tests and procedures.

Effort should be made to schedule laboratory and clinical tests (e.g., audiograms, blood chemistries, urinalyses) prior to the actual hands-on physical examination. Given access to the employee medical history form, and the opportunity and the time to review the lab results in advance, the examining physician's

job is made easier. A more thorough examination may be performed.

I PROCEDURES (Continued)

h The employee receives the hands-on physical examination.

The examining physician notes findings on

ARS-182D.

i The examining physician signs the examination form and sends all materials (enrollment form, medical history form, lab results, physical examination form) to the contractor.

This is the point where the OHMP will differ significantly from the services that were previously available. The examining physician must forward the materials for the process to function. It is necessary, therefore, that your procurement/agreement with the local providers include the condition that invoices not be processed until you receive written notification

of records being received by the contractor. It is also necessary that your agreement provide a form of reimbursement for mailing costs because

official postage-and-fees paid envelopes, cards, and labels cannot be used for this purpose (see DIRECTIVE 263.1).

j The contractor provides you written notice when the medical data are received.

Again, you should not validate any invoices from the local medical service provider until you have received this notice.

k The contractor (an occupational medical physician) reviews each employee's medical data as received, and prepares a report of findings and determinations.

The contractor will perform a detailed review of each medical package received and compare this information to previous test results, worker exposure information, and the latest available toxicological data, in an effort to identify health status changes. Following this review, you will receive a report

which contains only the information you (as a management representative) should see. That report will identify the employees tested, the tests performed, recommendations for additional tests

(if necessary), and anomalies noted for which the attributable cause is work-related. The employee will also receive a personalized copy which documents work-related findings plus any

I PROCEDURES (Continued)

other medically significant findings of a non-work relationship which should nonetheless be brought to the attention of the employee's personal physician by the employee.

The data will then be entered into a secured-access computer system where it will become part of an ARS-wide medical surveillance system. The accumulation of a coded uniform

database will then be available for the

performance of trend analyses, occupational illness statistics, and comparison studies which will facilitate the recognition and control of health problems throughout the ARS.

4 Data Submission, Interpretation, Communication, and the Overall Procedures for Operating the OHMP.

The following annotated flow chart provides detailed guidance regarding every step required in the complete operation of the OHMP. The term "contractor" refers to an occupational medical company from whom the ARS receives medical guidance, diagnostic services, and centralized data management. The name and address of the contractor can be obtained from SHEMB. The critical role of

the contractor will become evident as you enter the data generation phase of your OHMP.

a Identify the authorized employee

See Procedure I 1: Selection Criteria for Authorized Employees.

b Provide a copy of ARS-182A to each authorized employee.

c The employee decides to participate or not participate.

The appropriate block on the ARS-182A is signed.

All signed ARS-182A forms are returned to the LAO/AAO who forwards them directly to the contractor.

d Participating employees fill in the ARS-182B Exposure Information.